

FILED AUG 15 1941

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **588**

1. PLACE OF DEATH:

(a) County **Green**  
 (b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**1926 Kellett**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.  
 In this community **90 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **LINA JANE DAVIS**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**  
 6. (b) Name of husband or wife **John A. Davis** 6. (c) Age of husband or wife if alive **deceased** years  
 7. Birth date of deceased **March 21 1851**  
(Month) (Day) (Year)

8. AGE: Years **190** Months **3** Days **27** If less than one day hr. min.

9. Birthplace **Springfield Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Pat Ryan**

13. Birthplace **No Record Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **(Unknown) Harrison**

15. Birthplace **No Record No Record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura Fitzgerald**

(b) Address **1926 Kellett Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **July 19 1941**  
(Burial, cremation, or renoval) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **W. E. Handley**

(b) Address **Springfield Mo.**

19. (a) **7-19-41** (b) **W. E. Handley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Green**  
 (c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1926 Kellett**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18** 18**51**  
 year **1941** hour **6:40** minute **A.M.**

21. I hereby certify that I attended the deceased from **May 31** 19**41** to **7-18** 19**41**  
 that I last saw **her** alive on **7-18** 19**41**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Deep Colic**

Due to **Hypertension**

Due to **arteriosclerosis**

Other conditions **1200**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

Signature **Henry H. H. H.** (M. D. or other)

Address **452 1/2 E. Court** Date signed **7/18/41**

104 (Licensed Embalmer's Statement on Reverse Side)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *3681*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**